

EARLY MENTAL HEALTH INITIATIVE
2011 ANNUAL TRAINING CONFERENCE
October 26-27, 2011
Hyatt Regency Sacramento

REGISTRATION FORM

All payments must be received by **October 3, 2011**.

SCHOOL DISTRICT:	
MAIL CONFERENCE CORRESPONDENCE AND INVOICE TO:	
Contact Person Name:	
Mailing Address:	
City:	Zip Code:
TELEPHONE:	FAX:
Email Address:	
BUSINESS/ACCOUNTING OFFICE ADDRESS:	CONTACT PERSON:
	TELEPHONE:
	Email Address:
PURCHASE ORDER NUMBER:	FAX:

CONFERENCE FEE includes: General Session/Keynote Speaker, Workshops, Closing Session, Continental Breakfast (Days 1 & 2), and Lunch (Day 1):

\$135 per person X _____ = \$_____

Send check payable to **TIME FOR KIDS, INC.**, or purchase order (no partial fees, please), along with the registration form, to:

TIME FOR KIDS, INC.
P.O. Box 328
NORTH HIGHLANDS, CA 95660
FAX: 916-654-2739
TFK taxpayer ID# is 68-0331440

The registration form may be scanned and/or emailed separately to: EMHIconference@timeforkids.net

For Registration & Fee Payment Questions: Please contact Jacqui Naud (916) 381-8443

For ADA or Special Dietary needs: Please contact DMHEMHI@dmh.ca.gov

NO REGISTRATION REFUNDS AFTER **October 13, 2011**

NOTE: In the event that the conference is cancelled, any non-refundable monies expended for conference costs will be withheld from registration fees, and are a claimable EMHI expenditure.

(For TIME FOR KIDS, INC. Accounting Use Only)

Invoice #: _____	Check/Warrant #: _____
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2011 EMHI CONFERENCE ATTENDEES

ALL conference participants are required to register. If hiring has not taken place yet, please enter TBH (To Be Hired) instead of the name. Please call Jacqui Naud with the names as soon as the positions have been filled.

Our **SCHOOL DISTRICT:** _____ **is registering** ____ **# of participants.**

Please list staff directly related to the program BEFORE listing others.

	NEW	Continuing	NAME (TYPE or PRINT Clearly)	SCHOOL SITE	ROLE in Program (Child Aide, SBMHP, PC, MHC, Teacher, Principal, Other)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

List additional names on another sheet of paper and attach.